

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12796

1. Corporation Name

(4)

ADAIR ALSPACH DVM, P.A.

Principal Place of Business

% CORPORATION COMPANY OF MIAMI
298 GRANELLO
CORAL GABLES FL 33146-1805

Mailing Address

% CORPORATION COMPANY OF MIAMI
298 GRANELLO
CORAL GABLES FL 33146-1805

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

WARWICK, ALICE ELIZABETH
PENTHOUSE II GABLES INT'L PLAZA
2655 LE JEUNE RD.
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (x)

Where a typed name of registered agent is acceptable if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	D	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	ALSPACH, ADAIR	13.2 NAME	
12.3 STREET ADDRESS	298 GRANELLO	13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	CORAL GABLES FL 33146	13.4 CITY-ST-ZIP	
12.5 TITLE		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP		13.8 CITY-ST-ZIP	
12.9 TITLE		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP		13.12 CITY-ST-ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP		13.20 CITY-ST-ZIP	
12.21 TITLE		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY-ST-ZIP		13.24 CITY-ST-ZIP	
12.25 TITLE		13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 NAME		13.26 NAME	
12.27 STREET ADDRESS		13.27 STREET ADDRESS	
12.28 CITY-ST-ZIP		13.28 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (x) *Adair Alspach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 26 1997 8:00am
Secretary of State



CR2E034 (996)

3-2097 (305)666-6882

Date

Registration Number